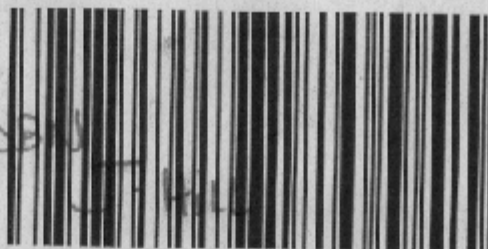


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28386284

ADDITIONAL TRACKING NUMBERS	
2	05

Sender's Details Company Name: LE CREUSET LA LUCIA Street Address: SHOP 03, 90 WILLIAM CAMPBELL LA LUCIA HALL DURBAN NORTH Suburb: DUR Postal Code: 4000 Contact: 0315725045 Phone: 0315725045		Consignee's Details. Full Street Address Please Company Name: LE CREUSET WATERCREST Street Address: SHOP 0604 WATERCREST MALL, INANDA ROAD Suburb: DURBAN Postal Code: 3652 Contact: STEPHESANDE / NORMA Phone: 031-763 1525		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLN5 Customs Tariff
Destination Country: South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/>		Sender's Reference: UTZ 4058306 Analysis Code: Butchers		
SPECIAL INSTRUCTIONS Tariff Code: 027766 Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R1000.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.5 14.6 AND 14.7 OVERLEAF)				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: Pass DATE: 01/08/2018		
Total Parcels NO. OF PARCELS PER DIMENSIONS: 1 LENGTH (CM): parcel WIDTH (CM): HEIGHT (CM):		Total Mass (Kg)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): SIPESANDE Date Received: 020818 Time Received: 1245 Signature: SIPESANDE		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): SHAKU Date Received: 010818 Time Received: 1645 Signature: K		

POD COPY

Version Control (01/2018)